

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000084573

1. Entity Name
SIERRA MARIE INC



FILED

07 MAY -1 PM 2:23

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
921 AUDREY CT
TALLAHASSEE, FL 32317

Mailing Address
921 AUDREY CT
TALLAHASSEE, FL 32317

2. Principal Place of Business - No P.O. Box #

974 Hiawatha Farms Rd

3. Mailing Address

974 Hiawatha Farms Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012007

Chg-P

CR2E034 (12/06)

City & State

Monticello FL

City & State

Monticello FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip
32344

Country
USA

Zip
32344

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WITT, ANTHONY M
921 AUDREY COURT
TALLAHASSEE, FL 32317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

974 Hiawatha Farms Rd

City

Monticello

FL

Zip Code

32344

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WITT, ANTHONY M
921 AUDREY COURT
TALLAHASSEE, FL 32317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Witt Anthony M
974 Hiawatha Farms Rd
Monticello FL 32344 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300101616333
05/04/07--01020--027 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-07 (850)997-6638